PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/565889

CI AIME AC EU ED DATE								10/500009					
CLAIMS AS FILED -								SMALL ENTITY TYPE		<u> </u>	OTHERTHAN		
U.	S. NATIONAL	STAGE FEES	(Colum	n 1)		(Column 2)				OR	SMALL	ENTITY	
-	SIC FEE	CALALL FAIT	A 450			-	RATE	FEE		RATE	FEE		
EXAMINATION FEE			SMALL ENT. = \$ 150 Satisfies PCT Article 33(1)-			GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	
			(4) = \$50/\$100 All other situations (ie. No			ther situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	200	
SEARCH FEE			Search Rpt) = \$ 250 / \$ 500		ALL	other countries = 200 / \$ 400		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X'\$ 125 =		1	X \$ 250 =	1.00	
TOTAL CHARGEABLE CLAIMS			19 mir	nus 20 =	*			X \$ 25 =		OR	X \$ 50 =	 	
INDEPENDENT CLAIMS			<u> </u>	inus 3 =	*			X \$ 100 =		OR	X \$ 200 =	 	
		DENT CLAIM PRI						+ \$ 180 =		OR	+ \$ 360 =	 	
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	700	
CLAIMS AS AMENDED - PART II										•			
(Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X \$ 25 =		OR	X \$ 50 =	100	
	Independent	*	Minus	***	•	=.		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT.		OR L	TOTAL ADDIT.		
		(Column 1)		(Calum	- 0\			•			FFF L		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOU PAID F	ST ER JSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	L	Minus	***		= .		X \$ 100 =		OR	X \$ 200 =		
<u>.</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
							_	TOTAL ADDIT: FFF		OR T	OTAL ADDIT.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-875 (Rev. 02/2005)													